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# **FORM 3X**

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

	For Other Than An Author	rized Committee	Office Use 0	Only
	USE FEC MAILING LABEL OR TYPE OR PRINT ₩	Example:If typing, type over the lines		
American Podiatric Medical A	ssn., Inc. Podiatry Political Action	Committee		
			1 1 1 1 1 1 1 1	
ADDRESS (number and street)	9312 Old Georgetown Road			
Check if different				
than previously reported. (ACC)	Bethesda		MD 2081	14 - 1698
2. <b>FEC IDENTIFICATION NUM</b>	BER ♥ CITY	1	STATE A ZIF	PCODE A
C00008839	3. IS THE		AMENDED (A)	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Feb 20 Due On: Mar 20	H	H	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
(a) Quarterly Reports:	Mar 20	(M3) Jun 20 (M6)	Sep 20 (M9)	(Non-Election ' Year Only)
April 15	Apr 20	(M4) Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
Quarterly Report(Qi July 15	(c) 12-Day	Primary (12P)	General (12G)	Runoff (12R)
Quarterly Report(Q2 October 15	Report for the:	Convention (12C)	Special (12G)	
Quarterly Report(Q: January 31 Quarterly Report(YE		n .		the tate of
July 31 Mid-Year Report(Non-election Year Only) (MY)	Post -Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election or	n 10 31	2000	the tate of
5. Covering Period 1 0	19 2006	through 1 1	27 2006	
I certify that I have examined this F	Report and to the best of my knowle	edge and belief it is true, correc	ct and complete.	
Type or Print Name of Treasurer	Dr. Gerald Peterson, DPM			
Signature of Treasurer Electron	nically Filed by Dr. Gerald Peters	on, DPM	Date 12 06	2006
NOTE : Submission of false, error	neous, or incomplete information ma	ay subject the person signing t	this Report to the penalties of	2 U.S.C 437g.
Office Use				ORM 3X 02/2003)

### **SUMMARY PAGE**

Page 2

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name American Podiatric Medical Assn., Inc. Podiatry Political Action Committee D <sup>b</sup> D 27 1.0 19 2006 1,1 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand <sup>°</sup>2006 279280.76 January 1 (b) Cash on Hand at 212290.45 Begining of Reporting Period ..... 52187.52 360848.62 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 264477.97 640129.38 6(a) and 6(c) for Column B) ..... 30283.35 405934.76 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 234194.62 234194.62 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

м м 1 0

Report Covering the Period:

From:

19

2006

o. 1

<sup>D</sup> 2<sup>D</sup> 7

2006

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	24464.00	195299.73
	(ii) Unitemized	26718.00	144938.36
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	51182.00	340238.09
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	51182.00	340238.09
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
Ο.	to Federal candidates and Other Political Committees	0.00	2000.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	1005.52	18610.53
8.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	52187.52	360848.62
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	52187.52	360848.62

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(ii) Non-Federal Share(b) Other Federal Operating		
	Expenditures	783.35	9584.99
	(c) Total Operating Expenditures		
_	(add 21(a)(i), (a)(ii) and (b))	783.35	9584.99
	Transfers to Affiliated/Other Party Committees	0.00	0.00
3.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	29500.00	395599.77
	Independent Expenditure	0.00	0.00
5.	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	(use scriedule i )		
26.	Loan Repayments Made	0.00	0.00
	Lanca Made	0.00	0.00
	Loans MadeRefunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	750.00
	man ontica committees		
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))	0.00	750.00
29.	Other Disbursements	0.00	0.00
80.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity (from Schedule H6)		
	(i) Federal Share	0.00	0.00
		0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	30283.35	405934.76
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)		
	from Line 31)	30283.35	405934.76

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Total Contributions (other than loans) from Line 11(d), page 3)	51182.00	340238.09
•	Total Contribution Refunds (from Line 28(d))	0.00	750.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	51182.00	339488.09
	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	783.35	9584.99
	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
	Net Operating Expenditures (subtract Line 37 from Line 36)	783.35	9584.99

SCHEDULE A (FEC Form 3X)   Use segarate schedule(s)   or each category of the Detailed Summary Page	SCHEDIII E A /EEC Form 2V)				FOR LINE NUMBER: PAGE 6 / 46	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any solicital committee to solicit contributions from such committee.  NAME OF COMMITTEE (In Full)  NAME OF COMMITTEE (In Full)  American Podiatric Medical Assn., Inc. Podiatry Political Action Committee  Full Name (Last, First, Middle Initial)  A. Dr. Harvid B. Glickman  Mailing Address 11321 Berger Ter.  City  Potomac  MD 20854-2917  FEC ID number of contributing foderal political committee.  Name of Employer  Secretly Ter  Perimary General  Other (specify) ▼  Podiatrist  Feccipt For:  Perimary General  Other (specify) ▼  Podiatrist  Podiatrist  Feccipt For:  Perimary General  Other (specify) ▼  Podiatrist  Podiatris	· · · · · · · · · · · · · · · · · · ·					
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To for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.    NAME OF COMMITTEE (in Hell)   American Podiatric Medical Assn., Inc. Podiatry Political Action Committee				Detailed Summary Fage	13 14 15 16 17	
To for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.    NAME OF COMMITTEE (in Hell)   American Podiatric Medical Assn., Inc. Podiatry Political Action Committee	Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any pers	on for the purpose of soliciting contributions	
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee  Full Name (Last, First, Middle Initial)  A. Dr. Haradi S. Glickman  Mailing Address 11321 Berger Ter.  City State Zip Code Toda Potionac MD 20854-2017  FEC ID number of contributing toderal political committee.  Name of Employer Self-Employed Podiatrist  Receipt For: Primary General Other (specify) \( \) State Zip Code Toda Political Committee.  Pull Name (Last, First, Middle Initial)  B. Dr. William J. Sarchino City State Zip Code Other (specify) \( \) Primary Cederal political committee.  Name of Employer Self-Employed Podiatrist Receipt Entry Other (specify) \( \) State Zip Code Other (specify) \( \) State Zip Code Other (specify) \( \) Primary General Other (specify) \( \) Qeneral Other (specify) \( \) Qeneral Other (specify) \( \) Qeneral Other (specify) \( \) State Zip Code Other (specify) \( \) Qeneral Other (specify) \( \) Qeneral Other (specify) \( \) Qeneral Other (specify) \( \) State Zip Code Other (specify) \( \) Qeneral Other (specify) \( \) Qeneral Other (specify) \( \) Qeneral Other (specify) \( \) State Zip Code Other (specify) \( \) Qeneral Other (specify) \( \) Qener	or	for commercial purposes, other than using the r	name and ado	dress of any political committee t	o solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) A. Dr. Hanold B. Glickman Mailing Address 11321 Berger Ter.  City State Zip Code Potomac MD 20884-2017 FEC ID number of contributing federal political committee.  City State Zip Code Potomac MD 20884-2017 FEC ID number of contributing federal political committee.  City State Zip Code NY 12884-3507 FEC ID number of contributing federal political committee.  City State Zip Code NY 12884-3507 FEC ID number of contributing federal political committee.  City State Zip Code NY 12884-3507 FEC ID number of contributing federal political committee.  City State Zip Code NY 12884-3507 FEC ID number of contributing federal political committee.  City State Zip Code NY 12884-3507 FEC ID number of contributing federal political committee.  City State Zip Code Name of Employer Self-Employed Podiatrist Receipt For: Primary General Other (specify) ▼ 250.00  FEC ID number of contributing federal political committee.  City State Zip Code MI 48322-1514 FEC ID number of contributing federal political committee.  City State Zip Code MI 48322-1514 FEC ID number of contributing federal political committee.  City State Zip Code MI 48322-1514 FEC ID number of contributing federal political committee.  City State Zip Code MI 48322-1514 FEC ID number of contributing federal political committee.  City State Zip Code MI 48322-1514 FEC ID number of contributing federal political committee.  City State Zip Code Mi 48322-1514 FEC ID number of contributing federal political committee.  City State Zip Code Mi 48322-1514 FEC ID number of contributing federal political committee.  City State Zip Code Mi 48322-1514 FEC ID number of contributing federal political committee.  City State Zip Code Mi 48322-1514 FEC ID number of contributing federal political committee.  City State Zip Code Mi 48322-1514 FEC ID number of contributing federal political committee.  City State Zip Code Mi 48322-1514 FEC ID number of contributing federal political committee.  City State Zip Code Mi 48322-1514 FEC ID number of contribu		NAME OF COMMITTEE (In Full)				
A. Dr. Harold B. Glickman  Mailing Address 11321 Berger Ter.  City Potomac FEC ID number of contributing federal political committee.  Name of Employer Primary General Other (specify) ▼  State Zip Code Primary General Other (specify) ▼  State Zip Code NY 12834-3507  FEI Name of Employer Self-Employer Primary General Occupation Mailing Address 685 Spraguetown Rd.  City State Zip Code NY 12834-3507  FEC ID number of contributing federal political committee.  Name of Employer Podiatrist Receipt For: Primary General Occupation Podiatrist Receipt For: Primary General Other (specify) ▼  State Zip Code NY 12834-3507  FEC ID number of contributing federal political committee.  Name of Employer Podiatrist Receipt For: Primary General Other (specify) ▼  State Zip Code NY 250.00  Date of Receipt this Period  Transaction ID: 13324229  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  City State Zip Code West Bloomfield Mil 48322-1614  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed Podiatrist Receipt For: Primary General Occupation Podiatrist Receipt For: Primary General Occupation Podiatrist Receipt For: Podia		American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee		
Mailing Address 11321 Berger Ter.	Δ	,			Date of Receipt	
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Potomac  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Primary General Other (specify) ▼  Pull Name (Last, First, Middle Initial)  Date of Receipt  Primary General Other (specify) ▼  State Zip Code NY 12834-3507  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Primary General Other (specify) ▼  Date of Receipt  Primary State Zip Code NY 12834-3507  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Primary General Other (specify) ▼  Date of Receipt  Primary State Zip Code Aggregate Vear-to-Date ▼  Primary General Other (specify) ▼  Date of Receipt Transaction ID: 13324229  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Date of Receipt  Primary General Other (specify) ▼  Date of Receipt  Primary State Zip Code Mil 48322-1614  FEC ID number of contributing federal political committee.  C State Zip Code Mil 48322-1614  PEC ID number of contributing federal political committee.  C State Zip Code Mil 48322-1614  PEC ID number of contributing federal political committee.  C State Zip Code Mil 48322-1614  PEC ID number of contributing federal political committee.  C State Zip Code Mil 48322-1614  PEC ID number of contributing federal political committee.  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)		City	Ctata	Zin Codo		
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Full Name (Last, First, Middle Initial)  B. Dr. William J. Sarchino Mailing Address 685 Spraguetown Rd.  City Greenwich NY 12834-3507  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  C. Dr. Gary S. Kaplan Mailing Address 5824 Dunmore Dr.  City West Bloomfield MI 48322-1614  FEC ID number of contributing federal political committee.  C Date of Receipt  Transaction ID: 13324229  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 13324229  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 13347907  Amount of Each Receipt In Min Min Min Min Min Min Min Min Min Mi			00 0		7	
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Greenwich  FEC ID number of contributing federal political committee.  Name of Employer Self-Employer Self-Employer Other (specify) ▼  City State Zip Code Mil 48322-1614  FEC ID number of contributing federal political committee.  City State Zip Code Mil 48322-1614  FEC ID number of contributing federal political committee.  Name of Employer Self-Employer Other (specify) ▼  Self-Employer Se		City	State	Zip Code		
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Name of Employer Self-Employed						
Receipt For:    Primary   General   Other (specify) ▼   250.00      C. Dr. Gary S. Kaplan   Mailing Address   5824 Dunmore Dr.			C		250.00	
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C. Dr. Gary S. Kaplan  Mailing Address 5824 Dunmore Dr.  City State Zip Code  West Bloomfield MI 48322-1614  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)  Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				250.00		
C. Dr. Gary S. Kaplan  Mailing Address 5824 Dunmore Dr.  City State Zip Code  West Bloomfield MI 48322-1614  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)  Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					_	
Mailing Address 5824 Dunmore Dr.  City State Zip Code West Bloomfield MI 48322-1614  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed Podiatrist  Receipt For: Aggregate Year-to-Date ▼  SUBTOTAL of Receipts This Page (optional)  Piggregate Year-to-Date ▼  900.00	C.				Date of Receipt	
City State Zip Code   West Bloomfield MI 48322-1614    Amount of Each Receipt this Period  Amount of Each Receipt this Period  300.00  C  Substituting federal political committee.  Name of Employer Self-Employed  Podiatrist  Receipt For:  Primary General Other (specify) ▼  Substituting federal political committee.  Aggregate Year-to-Date ▼  300.00  Substituting federal political committee.  Aggregate Year-to-Date ▼  900.00  Substituting federal political committee.  Aggregate Year-to-Date ▼  900.00  Substituting federal political committee.  Aggregate Year-to-Date ▼  900.00  Podiatrist  Aggregate Year-to-Date ▼  900.00  Podiatrist Page (optional)  Aggregate Year-to-Date ▼  Primary General political committee.  Aggregate Year-to-Date ▼  900.00  Podiatrist Page (optional)					M M / D D / Y Y Y Y	
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Receipt For:  Primary Other (specify) ▼  Aggregate Year-to-Date  SUBTOTAL of Receipts This Page (optional)  SUBTOTAL of Receipts This Page (optional)		West Bloomfield	IVII	48322-1614	Amount of Each Receipt this Period	
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Receipt For: Primary Other (specify)  SUBTOTAL of Receipts This Page (optional)  Aggregate Year-to-Date  300.00						
Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)  900.00						
Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)			Aggregate	e Year-to-Date ▼	_ [	
SUBTOTAL of Receipts This Page (optional)				300.00		
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	٥	IIRTOTAL of Receipts This Page (antianal)			900.00	
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	т	OTAL This Period (last page this line number o	nly)			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 / 46
	EMIZED RECEIPTS		or each category of the	(check only one)
IT LIMIZED RECEIP 13			Detailed Summary Page	X 11a   11b   11c   12
				13 14 15 16 17
Ar or	ly information copied from such Reports and State for commercial purposes, other than using the na	on for the purpose of soliciting contributions solicit contributions from such committee.		
$\setminus$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Podiatric Medical Assn., Inc. I	Podiatry P	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Barry Saffran			Date of Receipt
	Mailing Address 5949 Farview Woods Dr.			10 24 2006
	City	State	Zip Code	Transaction ID: 13365640
	Fairfax Station	VA	22039-1426	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Center for Foot & Ankle Care. P.C.	Occupation Podiatris		
	Receipt For:	Aggregate	Year-to-Date <b>V</b>	
	Primary General		050,00	1
	Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Thomas K. Ernst			Date of Receipt
	Mailing Address 5303 Shorewood Dr.		10 24 2006	
	City	Zip Code	Transaction ID: 13365641	
	Fort Gratiot	MI	48059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Blue Water Podiatry	Occupation Podiatris		
	Receipt For:	Aggregate	Year-to-Date <b>V</b>	
	Primary General			1
	Other (specify) ▼	0 0	300.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Louis J. Caputo			Date of Receipt
	Mailing Address 445 Bryant Ave.			10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13365644
	Mountain View	CA	94040-4570	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Podiatris		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			800.00
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SCHEDULE A (FEC Form 3X)			lles servets selective(s)	FOR LINE NUMBER: PAGE 8 / 46	
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		(check only one)	
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				13 14 15 16 17	
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any person	on for the purpose of soliciting contributions	
0.	NAME OF COMMITTEE (In Full)	iame and add	iress of any political committee to	Solicit contributions from such committee.	
	American Podiatric Medical Assn., Inc.	Podiatry P	alitical Action Committee		
	American Fodiatric Medical Assii., Inc.	roulally r	ontical Action Committee		
_	Full Name (Last, First, Middle Initial)				
A.	Dr. Robert N. Mohr			Date of Receipt	
	Mailing Address 10593 Kinnard Ave.			10 24 2006	
	City	State	Zip Code	Transaction ID: 13365645	
	Los Angeles	CA	90024-6040	Amount of Each Receipt this Period	
	FEC ID number of contributing				
	federal political committee.	C		250.00	
	Name of Employer	Occupation	า	_	
	University Podiatry Group	Podiatrist			
	Receipt For:		Year-to-Date ▼		
	Primary General		050.00	1	
	Other (specify) ▼		250.00		
_					
В.	Full Name (Last, First, Middle Initial) Dr. Robert Glenn Rosen			Date of Receipt	
	Mailing Address 5130 Sommerville Dr.			M M / D D / Y Y Y Y	
				10 24 2006	
	City	State	Zip Code	Transaction ID: 13365646	
	Rockledge	FL	32955-6720	Amount of Each Receipt this Period	
	FEC ID number of contributing	С		300.00	
	federal political committee.				
	Name of Employer Brevard Podiatry Group	Occupation			
		Podiatrist			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)	' '	300.00		
	Carior (openity)	0 0	0 0 0 0 0 0 0		
_	Full Name (Last, First, Middle Initial)				
C.	Dr. L. David Richer			Date of Receipt	
	Mailing Address 1009 N. Peppertree Dr.			10 24 2006	
	City	State	Zip Code	Transaction ID: 13365662	
	Gilbert	AZ	85234-4953	Amount of Each Receipt this Period	
	FEC ID number of contributing			250.00	
	federal political committee.	C		250.00	
	Name of Employer Self-Employed	Occupation	1	-	
	Self-Employed *	Podiatris			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		250.00	1	
	Other (specify) ▼		250.00	1	
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SCHEDULE A (FEC Form 3X)			Lia a anamata a dia dia (a)	FOR LINE NUMBER: PAGE 9 / 46
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
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Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any person	on for the purpose of soliciting contributions
or		name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Ronald L. Valmassy			Date of Receipt
	Mailing Address Center for Sports Medic St. Francis Mem. Hosp.	ine , 900 Hyde	S	10 24 2006
	City	State	Zip Code	Transaction ID: 13365663
	San Francisco	CA	94109	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Center for Sports Medicine	Occupation Podiatrist		
	Receipt For:	Aggregate	Year-to-Date <b>V</b>	
	Primary General		050,00	1
	Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Fred Marino			Date of Receipt
	Mailing Address 1034 Windsong Pl.			M M / D D / Y Y Y Y
	Cit.	04-4-	7:- O-d-	10 24 2006
	City	State	Zip Code	Transaction ID: 13365665
	Murfreesboro	TN	37129	Amount of Each Receipt this Period
	FEC ID number of contributing	C		250.00
	federal political committee.			
	Name of Employer	Occupation	ı	
	Self-Employed	Podiatrist		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)	0 0	200.00	
_	Full Name (Last, First, Middle Initial)			Data of Bassint
C.	Dr. Paul E. Tipton  Mailing Address 159 Westwind Rd.			Date of Receipt
	Mailing Address 159 Westwilld Rd.			10 24 2006
	City	State	Zip Code	Transaction ID: 13365676
	Louisville	KY	40207-1545	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		500.00
	Name of Employer Self-Employed	Occupation Podiatrist		
	Receipt For:		Year-to-Date ▼	_
	Primary General	7.199.094.0		1
	Other (specify)	1	500.00	
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s	UBTOTAL of Receipts This Page (optional)			1000.00
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S	CHEDULE A (FEC Form 3X)		Llea coparata cabadula(c)	FOR LINE NUMBER: PAGE 10 / 46
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
•••	LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b 11c 12
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or	ly information copied from such Reports and St for commercial purposes, other than using the	name and add	rnot be sold or used by any personal distribution of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$\angle$	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
A.				Date of Receipt
	Mailing Address Woodbury Foot Care C 722 Mantua Pk. #8	entre		10 24 2006
	City	State	Zip Code	Transaction ID: 13365677
	Woodbury	NJ	08097-1141	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Woodbury Foot Care Centre	Occupation Podiatrist		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Debra J. Lusk			Date of Receipt
	Mailing Address 6255 Park West Dr.			10 24 2006
	City	State	Zip Code	Transaction ID: 13365678
	Beaumont	TX	77706-7637	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Podiatry Associates of S E. TX	Occupation Podiatrist		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼		250.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. Nathan C. Sabin			Date of Receipt
	Mailing Address 16 Deerfield Rd.			M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
	City	State	Zip Code	Transaction ID: 13365755
	Short Hills	NJ	07078-1424	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer Self-Employed	Occupation Podiatrist		
	Receipt For: Ag		Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
<u> </u>	UBTOTAL of Receipts This Page (optional)			1000.00
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		(check only one)
ITEMIZED RECEIPTS		or each category of the		X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δr	ny information copied from such Reports and Sta	atamante may	y not he sold or used by any ners	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
	Full Name (Last, First, Middle Initial)			
A.	Mr. Tim O'Brien			Date of Receipt
	Mailing Address 6 Rincard Terrace			10 24 2006
	Cit.	Ctata	7:- O-d-	
	City	State	Zip Code	Transaction ID: 13365758
	Greenwich	CT	06831-3212	Amount of Each Receipt this Period
	FEC ID number of contributing	С		300.00
	federal political committee.			
	Name of Employer	Occupation	1	$\neg$
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1	200.00	7
	Other (specify) ▼		300.00	
_	Full Name (Last, First, Middle Initial)			5. (5. )
В.	Dr. Howard M. Sokoloff			Date of Receipt
	Mailing Address 5601 Norris Canyon Rd	10 24 2006		
	City	Transaction ID: 13365760		
	San Ramon	State CA	Zip Code 94583-5407	Amount of Each Receipt this Period
		0/1	<del>34303 3407</del>	Amount of Lach Necept this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Self-Employed	Occupation		
		Podiatrist		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	300.00	11
	Other (specify)	-		1
_	Full Name (Last, First, Middle Initial)			<del> </del>
C.	Dr. Lawrence S. MacTavish			Date of Receipt
	Mailing Address 1506 Grand Valley			M M / D D / Y Y Y Y
				10 24 2006
	City	State	Zip Code	Transaction ID: 13365766
	Houston	TX	77090-1837	Amount of Each Receipt this Period
	FEC ID number of contributing	С		300.00
	federal political committee.	<u> </u>		550.55
	Name of Employer	Occupation	 1	$\dashv$
	Self-Employed	Podiatrist		
	Receipt For:		Year-to-Date ▼	7
	Primary General	33 -3-40		7
	Other (specify) ▼		300.00	
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s	UBTOTAL of Receipts This Page (optional)			900.00
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 / 46	6		
ITEMIZED RECEIPTS			or each category of the	(check only one)			
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Δr	w information copied from such Reports and St	tatemente may	y not be cold or used by any perso		1/		
or	y information copied from such Reports and Si for commercial purposes, other than using the	solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full)						
$\geq$	American Podiatric Medical Assn., Inc.	·					
A.	Full Name (Last, First, Middle Initial) Dr. Mark E. Pinker			Date of Receipt			
	Mailing Address Pinker & Associates 47 Brookwood Ave.			10 24 2006			
	City	State	Zip Code	Transaction ID: 13365767			
	Carlisle	PA	17013-9126	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		300.00	0		
	Name of Employer Pinker & Associates	Occupation Podiatris					
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General		550.00				
	Other (specify)	0 0	330.00				
— В.	Full Name (Last, First, Middle Initial) Dr. Richard L. Hecker			Date of Receipt			
	Mailing Address P.O. Box 441			10 24 2006			
	City	State	Zip Code	Transaction ID: 13365772			
	Fish Creek	WI	54212-0441	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		300.00	0		
	Name of Employer Self-Employed	Occupation		1			
		Podiatris	•	_			
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼				
	Other (specify) ▼		300.00				
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. Michael E. Pearlman			Date of Receipt			
	Mailing Address 12103 Old Line Center	Condos		M M / D D / Y Y Y Y 1 1 0 2 4 2 0 0 6			
	City	State	Zip Code	Transaction ID: 13365780			
	Waldorf	MD	20602-2552	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		300.00	0		
	Name of Employer Self-Employed	Occupation Podiatris					
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General		300.00				
	Other (specify) ▼	0 0	300.00				
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SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 13 / 46	
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Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions	
or	for commercial purposes, other than using the r	name and add	lress of any political committee to	solicit contributions from such committee.	
$\setminus$	NAME OF COMMITTEE (In Full)				
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee		
Α.	Full Name (Last, First, Middle Initial) Dr. David P. Rosenzweig			Date of Receipt	
	Mailing Address 5 Blanchard Rd.			10 24 2006	
	City	State	Zip Code	Transaction ID: 13365781	
	Greenwich	CT	06831-3676	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		300.00	
	Name of Employer The Advanced Footcare Cen-	Occupation Podiatrist			
	ter Receipt For:		Year-to-Date ▼		
	Primary General	33 -5		1	
	Other (specify) ▼		300.00		
В.	Full Name (Last, First, Middle Initial) Dr. Seth Jonathan Steber			Date of Receipt	
	Mailing Address 265 Pine Cove Ct.			M M / D D / Y Y Y	
				10 24 2006	
	City	State	Zip Code	Transaction ID: 13365789	
	Lehighton	PA	18235-9256	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		300.00	
	Name of Employer Self-Employed	Occupation	1		
	Self-Employed	Podiatrist	t		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		300.00	1	
	Other (specify)	0 0	300.00		
— С.	Full Name (Last, First, Middle Initial) Dr. Alan L. Balkansky			Date of Receipt	
٥.	Mailing Address 9210 Sunny Ridge Ln.			M M / D D / Y Y Y Y	
	Maining Address 9210 Sulliny Hidge Lil.			10 24 2006	
	City	State	Zip Code	Transaction ID: 13365790	
	Cedarburg	WI	53012-8948	Amount of Each Receipt this Period	
	FEC ID number of contributing			250.00	
	federal political committee.	C		230.00	
	Name of Employer Self-Employed	Occupation Podiatrist			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		250.00	1	
	Other (specify) ▼		250.00		
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				850.00	
S	UBTOTAL of Receipts This Page (optional)		················	050.00	

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	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)		
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			Detailed Summary Page	13 14 15 16 17		
۸r	ny information copied from such Reports and Sta	ntomonte may	y not be cold or used by any nore			
or	for commercial purposes, other than using the r	name and add	froit be sold of used by any pers fress of any political committee to	osolicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
$  \rangle$	American Podiatric Medical Assn., Inc.	Podiatry P	alitical Action Committee			
	American i odiatne medicai Assii., me.	i odiali y i	Oillical Action Committee			
<u>/</u>	Full Name (Last, First, Middle Initial)					
A.	Dr. Stephen D. Palmer			Date of Receipt		
	Mailing Address Columbia Foot & Ankle	Assoc.		M M / D D / Y Y Y Y		
	2086 Generals Hwy. #1	01		10 24 2006		
	City	State	Zip Code	Transaction ID: 13365793		
	Annapolis	MD	21401	Amount of Each Receipt this Period		
	FEC ID number of contributing			050.00		
	federal political committee.	C		250.00		
	Name of Employer Columbia Foot & Ankle Ass-	Occupation				
	OC.	Podiatrist	-			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General	' '	250.00			
	Other (specify)	0 0	200.00			
D	Full Name (Last, First, Middle Initial) Dr. Dennis Weber			Date of Receipt		
Ь.				<u> </u>		
	Mailing Address 15 Lily Pond Ct.			10 24 2006		
	City	State	Zip Code	Transaction ID: 13365794		
	Rockville	MD	20852-4230	Amount of Each Receipt this Period		
		IVID	20032-4230	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	rederal political committee.					
	Name of Employer	Occupation	1			
	Self-Employed *	Podiatrist	t			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		050.00	1		
	Other (specify)		250.00			
_	Full Name (Last, First, Middle Initial)			Date of Book's		
C.	Dr. Mark A. Majeski			Date of Receipt		
	Mailing Address 701 Springfield Ave.			10 19 2006		
	City	State	Zip Code	Transaction ID: 13371535		
	Pine Beach	NJ	08741-1237	Amount of Each Receipt this Period		
		110	00741 1207	Amount of Each receipt this Feriod		
	FEC ID number of contributing federal political committee.	C		300.00		
	rederal political committee.					
	Name of Employer Self-Employed	Occupation				
		Podiatrist				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General	1 1	000.00	7		
	Other (specify) ▼		300.00			
s	UBTOTAL of Receipts This Page (optional)			800.00		
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)		PAGE 15/46	
	EMIZED RECEIPTS		or each category of the	(check only one)	🗖	
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Δn	winformation conied from such Reports and St	atemente may	, not be sold or used by any perso			
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from suc	ch committee.	
$\setminus$	NAME OF COMMITTEE (In Full)					
	American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee			
A.	Full Name (Last, First, Middle Initial) Dr. Paul M. Greenman			Date of Receipt		
	Mailing Address 6000 Almond Ter.			10 24	2006	
	City	State	Zip Code	Transaction ID: 1337	1590	
	Plantation	<u>FL</u>	33317-2504	Amount of Each Recei	pt this Period	
	FEC ID number of contributing federal political committee.	C			500.00	
	Name of Employer Self-Employed	Occupation Podiatris				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		500.00	1		
	Other (specify)	0 0	0 0 0 0 0 0			
В.	Full Name (Last, First, Middle Initial) Dr. Harold D. Sterling, Jr.			Date of Receipt		
	Mailing Address 5406 RIver Bend Circle	10 23	2006			
	City	State	Zip Code	Transaction ID: 13373566		
	Grand Ledge	MI	48837	Amount of Each Recei		
	FEC ID number of contributing federal political committee.	C			300.00	
	Name of Employer Self-Employed	Occupation Podiatris				
	Receipt For:		Year-to-Date ▼			
	Primary General	199.19		1		
	Other (specify) ▼	0 0	300.00			
C.	Full Name (Last, First, Middle Initial) Dr. James Matthew Judge			Date of Receipt		
	Mailing Address 7341 Churchill Dr.			10 23	2006	
	City	State	Zip Code	Transaction ID: 1337	3568	
	Wake Forest	NC	27587-8558	Amount of Each Recei	pt this Period	
	FEC ID number of contributing federal political committee.	C			250.00	
	Name of Employer Wake Foot & Ankle Center	Occupation Podiatris				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General	' '	250.00			
	Other (specify)					
S	UBTOTAL of Receipts This Page (optional)				1050.00	
T	OTAL This Period (last page this line number of	only)				

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 16 / 46		
	EMIZED RECEIPTS		or each category of the	(check only one)		
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or	y information copied from such Reports and Sta for commercial purposes, other than using the n	name and add	ress of any political committee to	osolicit contributions from such committee.		
$\setminus$	NAME OF COMMITTEE (In Full)					
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee			
A.	Full Name (Last, First, Middle Initial) Dr. Marc D. Lenet			Date of Receipt		
	Mailing Address 1 Shaded Glen Ct.			10 26 2006		
	City	State	Zip Code	Transaction ID: 13378555		
	Owings Mills	MD	21117-3048	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Self-Employed	Occupation Podiatrist				
	Receipt For:		Year-to-Date ▼			
	Primary General		500.00	1		
	Other (specify)	0 0	500.00			
В.	Full Name (Last, First, Middle Initial) Dr. Brian A. Dechowitz			Date of Receipt		
	Mailing Address 127 Pine St.			10 26 2006		
	City	State	Zip Code	Transaction ID: 13378560		
	Harrisburg	PA	17101-1240	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		300.00		
	Name of Employer Self-Employed	Occupation Podiatrist				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼		300.00			
<u> </u>	Full Name (Last, First, Middle Initial) Dr. John N. Evans			Date of Receipt		
	Mailing Address 547 E. Huron			10 25 2006		
	City	State	Zip Code	Transaction ID: 13384106		
	Milford	MI	48381-2424	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Self-Employed	Occupation Podiatrist				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼	0 0	500.00			
s	UBTOTAL of Receipts This Page (optional)			1300.00		
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S	CHEDULE A (FEC Form 3X)		Llea coparata cabadula(c)	FOR LINE NUMBER: PAGE 17 / 46		
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)		
•••	LIVIIZED RECEIP 13	Detailed Summary Page		X 11a 11b 11c 12		
				13 14 15 16 17		
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and ado	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	_		
A.	Full Name (Last, First, Middle Initial) Dr. Pau Herr			Date of Receipt		
	Mailing Address 162 Wilbur Ave. #1011			10 25 2006		
	City	State	Zip Code	Transaction ID: 13384107		
	Kingston	NY	12401-6228	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		250.00		
	Name of Employer Self-Employed	Occupation Podiatrist				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General	1 1	250.00	1		
	Other (specify)	0 0	230.00			
В.	Full Name (Last, First, Middle Initial) Dr. Vicki Anton-Athens			Date of Receipt		
ъ.	Mailing Address 29113 E. River Rd.			M M / D D / Y Y Y Y		
	Mailing Address 29113 E. Niver Nu.			10 24 2006		
	City	State	Zip Code	Transaction ID: 13384116		
	Grosse Ile	MI	48138-1940	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Self-Employed	Occupation				
		Podiatrist				
	Receipt For:  Primary General	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼	' '	500.00			
	Cutor (specify)	0 0		1		
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. Stephen H. Powless			Date of Receipt		
	Mailing Address Park Nicollet Clinic			10 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	3900 Park Nicollet Blvd.	State	Zip Code			
	Saint Louis Park	MN	55416-2620	Transaction ID: 13395414  Amount of Each Receipt this Period		
			33410-2020			
	FEC ID number of contributing federal political committee.	C		350.00		
	Name of Employer Park Nicollet Clinic	Occupation				
	Receipt For:	Podiatrist	Year-to-Date <b>V</b>			
	Primary General	riggrogato	Total to Bate V	1		
	Other (specify) ▼		350.00			
				1100.00		
S	UBTOTAL of Receipts This Page (optional)			1100.00		
_	OTAL This Period (last page this line number or	nlv)	,			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 18 / 46				
	ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)  X 11a 11b 11c 12  13 14 15 16 17				
Ar	ny information copied from such Reports and State	ements may	not be sold or used by any perso	erson for the purpose of soliciting contributions				
or	for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc. I	Political Action Committee						
^	Full Name (Last, First, Middle Initial)			Data of Basada				
Α.	Dr. Alan J. Tenczar  Mailing Address 7036 W. Howard Ave.			Date of Receipt    M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID: 13395449				
	Des Plaines	IL	60016	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer Talcotte Foot & Ankle Spe- cialists	Occupation Podiatrist						
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Primary General Other (specify) ▼		250.00					
В.	Full Name (Last, First, Middle Initial) Dr. Jane E. Graebner			Date of Receipt				
	Mailing Address 4351 Fry Rd.			10 30 7 9 9 9				
	City	State	Zip Code	Transaction ID: 13395458				
	Ostrander	OH	43061-9449	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		500.00				
	Name of Employer Self-Employed	Occupation Podiatrist						
	Receipt For:		e Year-to-Date ▼					
	Primary General Other (specify) ▼	0 0	500.00					
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Eugene R. Flaxman			Date of Receipt				
	Mailing Address 2000 S. Ocean Blvd. #30	6N		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID: 13398415				
	Palm Beach	FL	33480-5212	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		500.00				
Name of Employer Occupation Self-Employed Podiatris			t					
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	(In-Kind)				
Other (specify) ▼			1000.00	(				
s	UBTOTAL of Receipts This Page (optional)		·····	1250.00				
Т	TOTAL This Period (last page this line number only)							

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 46 (check only one)  X 11a 11b 11c 12
Ar	y information copied from such Reports and Sta	tements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Alan R. Catanzariti			Date of Receipt
	Mailing Address 1189 Lakemont Dr.			111 / 06 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13401678
	Pittsburgh	PA	15243-1856	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Podiatris		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Bruce A. Manchel			Date of Receipt
	Mailing Address Coronado Foot Specialis 1121 10th St.	11 06 7 2006		
	City	State	Zip Code	Transaction ID: 13401681
	Coronado	CA	92118-3401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Coronado Foot Specialists,	Occupation Podiatris		
	Inc. Receipt For:		e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)		250.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. Harold B. Glickman			Date of Receipt
	Mailing Address 11321 Berger Ter.			1 1 0 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13401707
	Potomac	<u>MD</u>	20854-2017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Self-Employed	Occupation Podiatris		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		700.00	
s	UBTOTAL of Receipts This Page (optional)			850.00

TOTAL This Period (last page this line number only) .....

S	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 20 /			
	·		Use separate schedule(s) or each category of the	(check only one)		
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
			, ,	13 14 15 16 17		
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or		ame and add	aress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)	D. P. L. D	o Patro I A orto o O o o otro			
$\angle$	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee			
Α.	Full Name (Last, First, Middle Initial) Dr. Francine G. Schiraldi-Deck			Date of Receipt		
	Mailing Address 2704 Northway Rd. Ext.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 13401709		
	Williamsport	PA	17701-8852	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		365.00		
	Name of Employer Self-Employed	Occupation				
	Receipt For:	Podiatrist	Year-to-Date <b>V</b>	_		
	Primary General	Aggregate	Teal-to-Date V	1		
	Other (specify)		365.00			
				1		
В.	Full Name (Last, First, Middle Initial) Dr. Kirk A. Koepsel			Date of Receipt		
	Mailing Address 327 Pebblebrook			M M / D D / Y Y Y Y		
				11 08 2006		
	City	State	Zip Code	Transaction ID: 13404695		
	Seabrook	TX	77586-6010	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		150.00		
	rederal political confinitiee.					
	Name of Employer Bay Area Podiatry Associa-	Occupation				
	tes	Podiatrist				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,		
	Other (specify)	' '	400.00			
				1		
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. Paul R. Barton			Date of Receipt		
	Mailing Address 1505 Ted's Way			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 13408955		
	Duncansville	PA	16635-7223	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		50.00		
	Name of Employer Self-Employed	Occupation				
		Podiatrist		_		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,		
	Other (specify)		250.00			
		0 0		1		
s	UBTOTAL of Receipts This Page (optional)			565.00		
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IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 46 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	itements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Matthew A. Parmenter  Mailing Address 1345 Mercedes Dr.  City Bloomington  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	State IN  C  Occupation Podiatris: Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Dr. Edward A. Imko Mailing Address 113 Old Tavern Ln.  City Summerville  FEC ID number of contributing federal political committee.  Name of Employer Summerville Foot Care Center, P.A.  Receipt For: Primary General	State SC C Occupation Podiatris: Aggregate	t Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>D</b> .	Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Keith J. Kalish  Mailing Address 2500 Quincy Ave.  City	State	300.00 Zip Code	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	Fort Pierce  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:  Primary General Other (specify)	C Occupation Podiatris		Amount of Each Receipt this Period  100.00
s	UBTOTAL of Receipts This Page (optional)			549.00
T	OTAL This Period (last page this line number or	nlv)	<b>&gt;</b>	

S	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 22/			
	· ·		Use separate schedule(s) or each category of the	(check only one)		
Ш	EMIZED RECEIPTS	Detailed Summary Page		X 11a 11b 11c 12		
			_ comes community raige	13 14 15 16 17		
An	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the r	name and add	lress of any political committee to	solicit contributions from such committee.		
$\setminus$	NAME OF COMMITTEE (In Full)					
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee			
Α.	Full Name (Last, First, Middle Initial) Dr. Michael R. Droulette			Date of Receipt		
	Mailing Address 11304 Odell Farms Ct.			1 1 1 3 2 0 0 6		
	City	State	Zip Code	Transaction ID: 13408969		
	Beltsville	MD	20705-4106	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		300.00		
	Name of Employer Self-Employed	Occupation Podiatrist				
	Receipt For:		Year-to-Date ▼	$\dashv$		
	Primary General	/ iggi ogalo	Tour to Buto V	1		
	Other (specify) ▼		300.00			
				4		
В.	Full Name (Last, First, Middle Initial) Dr. Scott L. Basinger			Date of Receipt		
	Mailing Address Charlotte Orthopedic Sp	ecialists		M M / D D / Y Y Y Y		
	10512 Park Rd. #101			11 13 2006		
	City	State	Zip Code	Transaction ID: 13408981		
	Charlotte	NC	28210-8473	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		300.00		
	Name of Employer	Occupation		_		
	Charlotte Orthopedic Spec-	Podiatrist				
	ialists Receipt For:		Year-to-Date ▼			
	Primary General	riggrogato	Tour to Bate V	1		
	Other (specify)		499.00			
_	Full Name (Last, First, Middle Initial)			1		
C.	Dr. Lorie Sue Robinson			Date of Receipt		
	Mailing Address 2063 Glastonbury Rd.			1 1 1 5 2 0 0 6		
	City	State	Zip Code	Transaction ID: 13418163		
	Westlake Village	CA	91361-3546	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		250.00		
	Name of Employer Agoura Hills Podiatry Gro-	Occupation Podiatrist				
	up Receipt For:	1	Year-to-Date ▼	_		
	Primary General			1		
	Other (specify)		500.00			
	-					
s	UBTOTAL of Receipts This Page (optional)			850.00		
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C		ĺ	FOR LINE NUMBER: PAGE 23			
5	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)		
IT	EMIZED RECEIPTS		or each category of the	X 11a  11b  11c  12		
			Detailed Summary Page			
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Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the i	atements may name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.		
$\setminus$	NAME OF COMMITTEE (In Full)					
$\rangle$	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee			
Α.	Full Name (Last, First, Middle Initial) Dr. Jill Lynn Jackson-Smith			Date of Receipt		
	Mailing Address 8829 S. 92nd E. Ct.			11 15 2006		
	City	State	Zip Code	Transaction ID: 13418400		
	Tulsa	OK	74133-4441	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Metro Tulsa Foot & Ankle Specialists	Occupation Podiatrist	t			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		250.00	1		
	Other (specify)	0 0	250.00			
— В.	Full Name (Last, First, Middle Initial) Dr. William T. DeFeo, Jr.			Date of Receipt		
	Mailing Address 4523 Rose Dr.			M M / D D / Y Y Y Y		
	011	0	7: 0 1	11 15 2006		
	City	State	Zip Code	Transaction ID: 13418429		
	Emmaus	<u>PA</u>	18049-5326	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		200.00		
	Name of Employer	Occupation	1	$\dashv$		
	Self-Employed	Podiatrist				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General	1	300.00	1		
	Other (specify)	0 0	300.00	1		
_	Full Name (Last, First, Middle Initial) Dr. Glenn F. DeVries			Date of Receipt		
٥.	Mailing Address W13300 C.R. AS			M M / D D / Y Y Y Y		
	W 13300 C.H. A3			11 1 2006		
	City	State	Zip Code	Transaction ID: 13418431		
	Brandon	WI	53919-9309	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer DeVries Foot Care Clinic	Occupation Podiatrist		7		
	Receipt For:		e Year-to-Date ▼			
	Primary General			7		
	Other (specify) ▼		250.00			
				-		
6	UBTOTAL of Receipts This Page (optional)			700.00		
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 24 / 46			
	EMIZED RECEIPTS		or each category of the	(check only one)			
•			Detailed Summary Page	X   11a   11b   11c   12   15   16   17			
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions			
$\overline{}$	NAME OF COMMITTEE (In Full)						
$\rangle$	American Podiatric Medical Assn., Inc. I	Podiatry P	olitical Action Committee				
۹.	Full Name (Last, First, Middle Initial) Dr. Chris A. Klimowich			Date of Receipt			
	Mailing Address 12630 Panasoffkee Dr.			1 1 1 5 2 0 0 6			
	City	State	Zip Code	Transaction ID: 13418439			
	North Fort Myers	FL	33903-4748	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		250.00			
	Name of Employer The Foot & Ankle Group	Occupation Podiatrist					
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼	0 0	250.00				
3.	Full Name (Last, First, Middle Initial) Dr. James Michael Parlon			Date of Receipt			
	Mailing Address 30 Mountain Gate Rd	11 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City	State	Zip Code	Transaction ID: 13418440			
	Ashland	MA	01721-2326	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		250.00			
	Name of Employer Self-Employed	Occupation Podiatrist					
	Receipt For:		Year-to-Date ▼				
	Primary General		250.00				
	Other (specify) ▼	0 0	250.00				
Э.	Full Name (Last, First, Middle Initial) Dr. Mark O. Ellis			Date of Receipt			
	Mailing Address 1166 11th St.			1 1 1 5 2 0 0 6			
	City	State	Zip Code	Transaction ID: 13418441			
	Astoria	OR	97103-4138	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		100.00			
	Name of Employer Self-Employed	Occupation Podiatrist					
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼	0 0	350.00				
s	SUBTOTAL of Receipts This Page (optional)						
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 25 / 46
	EMIZED RECEIPTS	or each category of the	(check only one)	, <u> </u>	
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or	y information copied from such Reports and S for commercial purposes, other than using the	solicit contributions from	such committee.		
	NAME OF COMMITTEE (In Full)				
$\rangle$	American Podiatric Medical Assn., Inc.	. Podiatry P	Political Action Committee		
A.	Full Name (Last, First, Middle Initial) Dr. Patrick J. Evoy			Date of Receipt	
	Mailing Address 61161 Ridge Falls Pl.	Ctata	7'n Codo	11 15	2006
	City	State OR	Zip Code	Transaction ID: 13	
	Bend	UN	97702-2324	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Cascade Foot Clinic	Occupation Podiatrist			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00	1	
	Other (specify) ▼		0 0 0 0 0 0		
В.	Full Name (Last, First, Middle Initial) Dr. Rick Edward McClure			Date of Receipt	
	Mailing Address 713 Golf View Dr.	11 1 5	2006		
	City	State	Zip Code	Transaction ID: 13	418446
	Medford	OR	97504-9643	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Self-Employed	Occupation			
		Podiatrist	•	_	
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	,	
	Other (specify) ▼		250.00		
<u></u>	Full Name (Last, First, Middle Initial) Dr. Donald James Carlson			Date of Receipt	
	Mailing Address 711 N.W. 6th St.			M M / D D D 1 5	2006
	City	State	Zip Code	Transaction ID: 13	
	Pendleton	OR	97801-1319	Amount of Each Re	
	FEC ID number of contributing			7 51 24511 115	<del> </del>
	federal political committee.	C			50.00
	Name of Employer Hermiston Family Foot Cli- nic	Occupation Podiatrist			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		300.00	1	
	Other (specify) ▼	0 0	300.00		
s	UBTOTAL of Receipts This Page (optional)				550.00
$\vdash$				- 0 0 0	
T	OTAL This Period (last page this line number	only)	<b>)</b>		

S	CHEDULE A (FEC Form 3X)		Llas apparata ashadula(a)	FOR LINE NUMBER: PAGE 26 / 46
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
"	EIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
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Ai or	ny information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	_
A.	Full Name (Last, First, Middle Initial) Dr. Kash K. Siepert			Date of Receipt
	Mailing Address 2300 Stewart Pkwy.			11 15 2006
	City	State	Zip Code	Transaction ID: 13418452
	Roseburg	OR	97470-1597	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Self-Employed	Occupation Podiatris		
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		275.00	
_				
В.	Full Name (Last, First, Middle Initial) Dr. Todd A. Muhly			Date of Receipt
	Mailing Address 1565 N.W. Woodland D	r.		M M / D D / Y Y Y
	-			11 15 2006
	City	State	Zip Code	Transaction ID: 13418454
	Corvallis	OR	97330-1059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	1	
	McKenzie River Foot Clini- c, L.L.C.	Podiatris		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	250.00	
	Cutici (specify)	0 0		
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Christopher S. Seuferling			Date of Receipt
٥.	Mailing Address 9109 N.W. 21st Ave.			M M / D D / Y Y Y Y
				11 15 2006
	City	State	Zip Code	Transaction ID: 13418458
	Vancouver	WA	98665-6605	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Mt. Tabor Podiatry	Occupation Podiatris		
	Receipt For:		Year-to-Date ▼	7
	Primary General		050.00	1
	Other (specify)		350.00	1
Г				
s	UBTOTAL of Receipts This Page (optional)			500.00
			_	
ΙT	<b>OTAL</b> This Period (last page this line number of	niv)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 27 / 46	
	· ·		Use separate schedule(s) or each category of the	(check only one)	
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
			Detailed Carrinary Fage	13 14 15 16 17	
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions	
or	for commercial purposes, other than using the r	name and ado	lress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
$\rangle$	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee		
Α.	Full Name (Last, First, Middle Initial) Dr. Andrew C. Schink			Date of Receipt	
	Mailing Address 1715 Cameo			1 1 1 5 2 0 0 6	
	City	State	Zip Code	Transaction ID: 13418459	
	Eugene	OR	97405-5897	Amount of Each Receipt this Period	
	FEC ID number of contributing				
	federal political committee.	C		100.00	
	Name of Employer Self-Employed	Occupation Podiatrist			
	Receipt For:	-	Year-to-Date ▼		
	Primary General	7 tggr oguto	Teal to Bate 🔻	1	
	Other (specify)		600.00		
			0 0 0 0 0 0 0		
— В.	Full Name (Last, First, Middle Initial) Dr. Evan C. Merrill			Date of Receipt	
	Mailing Address 1373 Highcrest Dr.			M M / D D / Y Y Y Y	
				11 15 2006	
	City	State	Zip Code	Transaction ID: 13418462	
	Medford	OR	97504-9351	Amount of Each Receipt this Period	
	FEC ID number of contributing			250.00	
	federal political committee.	C		250.00	
	Name of Employer	Occupation	<u> </u>	_	
	Name of Employer Medford Foot & Ankle Clin-	Podiatrist			
	IC Receipt For:		Year-to-Date ▼		
	Primary General	33 -3		1	
	Other (specify) ▼		250.00		
_	Full Name (Last, First, Middle Initial)			*	
C.	Mr. Jacob M McLeod			Date of Receipt	
	Mailing Address 1906 NE 38th Ave			1 1 1 5 2 0 0 6	
	City	State	Zip Code	Transaction ID: 13418463	
	Portland	OR	97212-5220	Amount of Each Receipt this Period	
	FEC ID number of contributing			250.00	
	federal political committee.	C		250.00	
	Name of Employer Self Employed	Occupation	1		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	35 0		1	
	Other (specify)	1	250.00		
	-				
s	UBTOTAL of Receipts This Page (optional)			600.00	
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 46 (check only one)    X
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the national state of the stat	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. David C. Zink  Mailing Address 10008 Indian Walk Dr.  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	State OH C Occupation Podiatris Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Dr. Kim G. Gauntt Mailing Address 16585 N.E. Fairview Dr. City	State	Zip Code	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	Dundee FEC ID number of contributing federal political committee.	OR	97115-9108	Amount of Each Receipt this Period
	Name of Employer Foot Health Center of Newberg  Receipt For:  Primary General  Other (specify) ▼	Occupation Podiatris Aggregate		
<b>D.</b>	Full Name (Last, First, Middle Initial) Dr. Jay C. Goldstein Mailing Address 2626 N.W. 83rd Pl.  City	State	Zip Code	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	Portland  FEC ID number of contributing federal political committee.	OR C	97229-4151	Amount of Each Receipt this Period  250.00
	Name of Employer Self-Employed  Receipt For:  Primary General Other (specify) ▼	Occupation Podiatris		
s	UBTOTAL of Receipts This Page (optional)		·····	600.00
T	OTAL This Period (last page this line number or	ılv)		

COLIEDIU E A (EEO Es una OV)				FOR LINE NUMBER: PAGE 29 / 46
5	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	
•			Detailed Summary Page	X   11a   11b   11c   12
				13 14 15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
$\rangle$	American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Nancy T. Ray			Date of Receipt
	Mailing Address P.O. Box 327			11 15 7 2006
	City	State	Zip Code	Transaction ID: 13418548
	Warrenton	OR	97146-0327	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self-Employed	Occupation Podiatris		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	33 -3		1
	Other (specify) ▼		250.00	
	oe. (eposy) <b>\</b>	0 0	0 0 0 0 0 0 0	1
— В.	Full Name (Last, First, Middle Initial) Dr. Gerald D. Peterson			Date of Receipt
	Mailing Address 6627 Apollo Rd.			M M / D D / Y Y Y Y
	City	State	Zip Code	11 15 2006
	•		•	Transaction ID: 13418549
	West Linn	OR	97068-2807	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Family Foot Clinic	Occupation Podiatris		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		1100.00	
				1
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Odin de los Reyes			Date of Receipt
	Mailing Address 22 Wedge Dr.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13418554
	Meriden	CT	06450-6966	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self Employed	Occupation Podiatris		
	Receipt For:		Year-to-Date ▼	_
	Primary General	, iggi cgale	. ca. to bate ¥	1
	Other (specify)		350.00	
	☐ Ottlet (Specify) ▼			1
_				
1				250.00
S	UBTOTAL of Receipts This Page (optional)			250.00
$\vdash$				-

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 30 / 46
	EMIZED RECEIPTS		or each category of the	(check only one)	🗖
••	EMIZED RECEIL 10		Detailed Summary Page	<del>-   -   -  </del>	11c   12 15   16   17
Δr	ny information copied from such Reports and St	atemente may	y not be cold or used by any perso		
or	ny information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from su	ch committee.
$\setminus$	NAME OF COMMITTEE (In Full)				
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee		
A.	Full Name (Last, First, Middle Initial) Dr. Allen K. Raich			Date of Receipt	
	Mailing Address 7282 Egerton Ln.  City	State	Zip Code	11 17	2006
	Germantown	TN	38138-8779	Transaction ID: 1342	
			30130-0779	Amount of Each Rece	ipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Self-Employed	Occupation Podiatrist			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		250.00		
	Other (specify) ▼		0 0 0 0 0 0 0		
В.	Full Name (Last, First, Middle Initial) Dr. Dan Dae Park			Date of Receipt	
	Mailing Address 816 Gaslight Dr.			M M / D D / 1 7	2006
	City	State	Zip Code	Transaction ID: 1342	20488
	Springfield	MO	65810-3326	Amount of Each Rece	ipt this Period
	FEC ID number of contributing federal political committee.	C			1000.00
	Name of Employer St. John's Physicians &	Occupation Podiatrist			
	Clinic Receipt For:		Year-to-Date ▼		
	Primary General	199.194.1			
	Other (specify) ▼		1000.00		
C.	Full Name (Last, First, Middle Initial) Dr. Alan M. Singer			Date of Receipt	
	Mailing Address 25955 Wellington Ct.			M M / D D /	2006
	City	State	Zip Code	Transaction ID: 1342	20492
	Calabasas	CA	91302-3124	Amount of Each Rece	ipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Self-Employed	Occupation Podiatrist			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		500.00		
	Other (specify) ▼		300.00		
s	UBTOTAL of Receipts This Page (optional)				1500.00
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T	OTAL This Period (last page this line number of	only)	<b>&gt;</b>		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 31 / 46
ITEMIZED RECEIPTS		or each category of the		(check only one)
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				13 14 15 16 17
Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
A.				Date of Receipt
	Mailing Address 7023 Oak Brook Dr.			11 20 2006
	City	State	Zip Code	Transaction ID: 13422263
	Des Moines	IA	50322-4838	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Dr. Robert Eells, P.C.	Occupation Podiatrist		7
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Glenn J. Shintaku			Date of Receipt
	Mailing Address 5441 Cathy Cir.			1 1 2 0 2 0 0 6
	City	State	Zip Code	Transaction ID: 13422269
	Cypress	CA	90630-4518	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Podiatrist		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)		250.00	
c.	Full Name (Last, First, Middle Initial) Dr. Michael A. Conway			Date of Receipt
	Mailing Address 892 N. Broadway			11 20 2006
	City	State	Zip Code	Transaction ID: 13422278
	North Massapequa	NY	11758-2352	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Massapequa Foot Care	Occupation Podiatrist		
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
S	UBTOTAL of Receipts This Page (optional)			1000.00
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т	OTAL This Period (last page this line number of	only)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 32 / 46	
	· ·		Use separate schedule(s) or each category of the	(check only one)	
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
			_ common common, coge	13 14 15 16 17	
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions	
or		ame and add	dress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee		
Α.	Full Name (Last, First, Middle Initial) Dr. Todd N. Pinsky			Date of Receipt	
	Mailing Address 19614 Estuary Dr.			11 20 2006	
	City	State	Zip Code	Transaction ID: 13422280	
	Boca Raton	FL	33498-6201	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		100.00	
	Name of Employer Family Foot Center	Occupation Podiatrist			
	Receipt For:		Year-to-Date ▼	_	
	Primary General	00 0		1	
	Other (specify) ▼	1	300.00		
В.	Full Name (Last, First, Middle Initial) Dr. Thomas A. Zoldowski			Date of Receipt	
	Mailing Address 7655 Coventry			1 1 2 0 2 0 0 6	
	City	State	Zip Code		
	Temperance	MI	48182-9233	Transaction ID: 13422309	
		IVII	40102-3233	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		300.00	
		10			
	Name of Employer Self-Employed	Occupation Podiatrist			
	Receipt For:				
	Primary General	Aggregate	Year-to-Date ▼	,	
	Other (specify)		300.00		
				1	
C.	Full Name (Last, First, Middle Initial) Dr. Arnold L. Serkin			Date of Receipt	
	Mailing Address 3400 W. Lomita Blvd. #	403		11 20 4 2006	
	City	State	Zip Code	Transaction ID: 13422311	
	Torrance	CA	90505-4930	Amount of Each Receipt this Period	
	FEC ID number of contributing	С		500.00	
	federal political committee.				
	Name of Employer Self-Employed	Occupation			
		Podiatrist		_	
	Receipt For:  Primary  General	Aggregate	Year-to-Date ▼	,	
	Other (specify)		500.00		
	Caro. (openij) 🔻	-	0 0 0 0 0 0 0	1	
,	UBTOTAL of Receipts This Page (optional)			900.00	
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 33 / 46
•		Use separate schedule(s) or each category of the		(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Dotailed Carrinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	ress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Robert R. Bier			Date of Receipt
	Mailing Address 16 Monica Dr.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13422318
	Edison	NJ	08820-3224	Amount of Each Receipt this Period
		110	OGCEO GEE !	Amount of Each recorpt this rende
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Podiatrist		
	Receipt For:	1	Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		250.00	
				4
В.	Full Name (Last, First, Middle Initial) Dr. Ralph C. Napoli			Date of Receipt
	Mailing Address 663 Cobh Rd.			M M / D D / Y Y Y Y
				11 22 2006
	City	State	Zip Code	Transaction ID: 13430747
	Rivervale	NJ	07675-6528	Amount of Each Receipt this Period
	FEC ID number of contributing			105.00
	federal political committee.	C		125.00
	Name of Employer NJ Foot & Ankle Center	Occupation		
		Podiatrist		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	☐ Other (specify) ▼	0 0		
	Full Name (Last, First, Middle Initial) Dr. Steven L. Hobkirk			Date of Receipt
J.	Mailing Address 549 W. Chocolate Ave.			M M / D D / Y Y Y Y
	Walling Address 549 W. Chocolate Ave.			1 1 2 2 2 0 0 6
	City	State	Zip Code	Transaction ID: 13430749
	Hershey	PA	17033-1640	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation	1	
	Seir-Empioyea	Podiatrist		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1		1
	Other (specify) ▼		250.00	
	•			
	UBTOTAL of Receipts This Page (optional)			625.00
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IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 46 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Scott Frederick Jorgensen Mailing Address 6917 Dawson Ln.  City Edina FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	State MN  C  Occupation Podiatris Aggregate		Date of Receipt  M M M / 22 / 2006  Transaction ID: 13430775  Amount of Each Receipt this Period  250.00
3.	Full Name (Last, First, Middle Initial) Dr. Kenneth K. S. Mah  Mailing Address 14495 S.W. Allen Blvd. a  City  Beaverton  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:  Primary General Other (specify)	State OR C Occupation Podiatris		Date of Receipt  M M A Z 2 Z Z Z Z D 0 6  Transaction ID: 13430777  Amount of Each Receipt this Period  100.00
<b>D.</b>	Full Name (Last, First, Middle Initial) Dr. Brian D. Gale Mailing Address 2418 Coolidge Ave.  City Bismarck  FEC ID number of contributing federal political committee.  Name of Employer Dakota Foot & Ankle  Receipt For: Primary General Other (specify)	State ND  C  Occupation Podiatris Aggregate		Date of Receipt  M M M / 22 / 2006  Transaction ID: 13430788  Amount of Each Receipt this Period  250.00
s	UBTOTAL of Receipts This Page (optional)		······	600.00
T	OTAL This Period (last page this line number or	nlv)	<b>&gt;</b>	

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	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ΙT	EMIZED RECEIPTS	or each category of the	X 11a 11b 11c 12	
			Detailed Summary Page	13 14 15 16 17
Δr	y information copied from such Reports and Sta	atomonte may	y not be sold or used by any pers	
or	for commercial purposes, other than using the n	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
<u>.                                    </u>	Full Name (Last, First, Middle Initial) Dr. Michael T. Joyce			Date of Receipt
Λ.	Mailing Address Roseville Podiatry Clinic			M M / D D / Y Y Y Y
	2233 N. Hamline Ave. #			11 22 2006
	City	State	Zip Code	Transaction ID: 13430790
	Roseville	MN	55113-5002	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Roseville Podiatry Clinic	Occupation Podiatrist		
	Receipt For:		Year-to-Date <b>V</b>	$\neg$
	Primary General	33 -3		7
	Other (specify) ▼	1	250.00	
				-
В.	Full Name (Last, First, Middle Initial) Dr. Patrick J. Evoy			Date of Receipt
	Mailing Address 61161 Ridge Falls Pl.			M M / D D / Y Y Y Y
				11 27 2006
	City	State	Zip Code	Transaction ID: 13434940
	Bend	OR	97702-2324	Amount of Each Receipt this Period
	FEC ID number of contributing			125.00
	federal political committee.	C		125.00
	Name of Employer	Occupation	า	-
	Cascade Foot Clinic	Podiatrist		
	Receipt For:	Aggregate	Year-to-Date <b>V</b>	
	Primary General	00 0		7
	Other (specify) ▼	1	375.00	
C.	Full Name (Last, First, Middle Initial) Dr. Melisa Ann Monson			Date of Receipt
	Mailing Address Santa Clara Foot Care 0 45-F Division St.	Center		11 27 2006
	City	State	Zip Code	Transaction ID: 13434981
	Eugene	OR	97404-2483	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Santa Clara Foot Care Cen-	Occupation	1	$\dashv$
	Santa Clara Foot Care Cen- ter	Podiatris		
	Receipt For:		Year-to-Date ▼	7
	Primary General			7
	Other (specify) ▼	1	300.00	
	<u> </u>			
s	UBTOTAL of Receipts This Page (optional)			475.00
$\vdash$				-

### **SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS**

FOR LINE NUMBER: PAGE 36 / 46 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c Detailed Summary Page 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc. Podiatry Political Action Committee Full Name (Last, First, Middle Initial) A. Dr. Todd A. Muhly Date of Receipt Mailing Address 1565 N.W. Woodland Dr. 1.1 27 2006 City State Zip Code Transaction ID: 13434983 Corvallis OR 97330-1059 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer McKenzie River Foot Clini-c, L.L.C. Occupation **Podiatrist** Aggregate Year-to-Date ▼ Receipt For: Primary General 350.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	100.00
TOTAL This Period (last page this line number only)	<b>•</b>	24464.00

SI	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 37/46
	EMIZED RECEIPTS		or each category of the	(check only one)
• •			Detailed Summary Page	11a 11b 11c 12 13 14 15 16 X 17
Ar	ny information copied from such Reports and State	ments may	not be sold or used by any perso	
or	for commercial purposes, other than using the nan	ne and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
/	American Podiatric Medical Assn., Inc. P	odiatry P	olitical Action Committee	
٩.	Full Name (Last, First, Middle Initial) Citigroup/ Citigroup Global Markets Inc.			Date of Receipt
	Mailing Address 100 Light St., 19th Floor			10 31 2006
	City	State	Zip Code	Transaction ID: 13417596
	Baltimore	MD	21202-1036	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		222.17
	Citigroup Global Markets,	Occupation Investme		
	IIIC.		Year-to-Date ▼	
	Primary General			Interest on Investments
	Other (specify) ▼	0 0	1952.04	
3.	Full Name (Last, First, Middle Initial) APMA Government Education Fund			Date of Receipt
	Mailing Address 9312 Old Georgetown Roa	ad		1 1 1 1 3 2 0 0 6
	City	State	Zip Code	Transaction ID: 13417608
	Bethesda	MD	20814	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		315.48
	Name of Employer	Occupation	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1	16190.62	Transfer Funds for Federal
	Other (specify)	0 0	10130.02	Operating Expenses
Э.	Full Name (Last, First, Middle Initial) APMA Government Education Fund			Date of Receipt
	Mailing Address 9312 Old Georgetown Roa	ad		M M / D D / Y Y Y Y Y Y 1 1 1 1 3 2 0 0 6
	City	State	Zip Code	Transaction ID: 13417610
	Bethesda	MD	20814	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		467.87
	Name of Employer	Occupation	1	
Receipt For: Aggregat		Aggregate	Year-to-Date <b>V</b>	1
	Primary General		16658.49	Transfer Funds for Federal
	Other (specify)	0 0	10000.79	Operating Expenses
S	UBTOTAL of Receipts This Page (optional)			1005.52
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NAME OF COMMITTEE (In Full)  American Podiatric Medical Assn., Inc. Po	odiatry Political Action Com	mitt	ee								
Full Name (Last, First, Middle Initial)				Tra	nsact	ion ID:	134176	304			
• Wachovia Bank, N.A.				-	e of D	)isburse		V * V	· V	V	
Mailing Address NC8502 PO Box 563966				1	Ō M	້ 3	0 /		0 Ď 6		
City Charlotte	State Zip Code NC 28262-3966			Am	ount o	of Each	Disburs	ement	t this P	eriod	
Purpose of Disbursement	20202-0300		-	-					70.8	0	
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Candidate Name		Cate Typ									
Senate President	ement For: Primary General Other (specify)			Bar	ık Fe	es					
State: District:											_
Full Name (Last, First, Middle Initial)  3. Wachovia Bank, N.A.				1		ion ID: Disburse	134176	305			
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Mailing Address NC8502 PO Box 563966				1	Ò	3	0	2	006		
City Charlotte	State Zip Code NC 28262-3966			Am	ount o	of Each	Disburs	ement	t this P	eriod	_
Purpose of Disbursement	Ī			7 L					122.1	7	
Bank Fees Candidate Name		00 Cate	gory/								
Office Sought: House Disburs	ement For:	Тур	oe								
Senate President	Primary General Other (specify)			Bar	ık Fe	es					
State: District:											
Full Name (Last, First, Middle Initial) Citigroup/ Citigroup Global Markets Inc.						i <b>on ID:</b> Disburse	134175 ement	599			
Mailing Address 100 Light St., 19th Floor				1 <sup>M</sup>	0 <sup>M</sup>	<sup>′</sup> 3	D /	ž	0 0 6	Y	
City Baltimore	State Zip Code MD 21202-1036			Am	ount o	of Each	Disburs	ement	t this P	eriod	_
Purpose of Disbursement		_	-	1 L		- '			467.8	7	
Expense on Investment Margin Candidate Name		00 Cateo Typ	gory/								
Office Sought: House Disburs: Senate President State: District:	ement For: Primary General Other (specify)	71		Exp gin	ense	on Inv	/estme	nt Ma	ar-		
SUBTOTAL of Disbursements This Page (optional)			<b>•</b>						660.8	4	]
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$ \rangle$	American Podiat	, ,	Inc. Poo	diatry Po	litical Action Co	mr	nittee								
L			.,												
A.	Full Name (Last, Fir Wachovia Bank,										ion ID: isburse	_	17601 it		
	Mailing Address	NC8502 PO Box 563966							1 <sup>M</sup> 0	М	<sup>′</sup> 3	1 D	/ Y	ž 0 ŏ (	3 <sup>Y</sup>
	City Charlotte	1 0 Dox 000000	S	State VC	Zip Code 28262-3966				Amou	int o	f Each	Dist	ourseme	nt this	Period
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	Candidate Name					С	ategor Type	y/							
	Office Sought:	House Senate President		nent For: Primary Other (spe	General ecify) ▼				Bank	Fee	es				
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В.	Full Name (Last, Fir Wachovia Bank,								Date	of D	isburse	emen			V
	Mailing Address	NC8502 PO Box 563966							1 <sup>M</sup> 0	М	<sup>′</sup> 3	1 1	/ Y	ž 0 ŏ (	6 <sup>Y</sup>
	City Charlotte			State VC	Zip Code 28262-3966				Amou	int o	f Each	Disb	ourseme		
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C.	Wachovia Bank,								Date o		isburse	emen		YY	Y
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	y Information copied from such Reports and Sta for commercial purposes, other than using the n												3	
$\rangle$	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	Podiatry Political Action Com	mitte	ee										
۹.	Full Name (Last, First, Middle Initial) Wachovia Bank, N.A.  Mailing Address NC8502 PO Box 563966					Date of 1 0			eme			0 ŏ 6	Y	
	City Charlotte Purpose of Disbursement Bank Fees	State Zip Code NC 28262-3966	00-			Amou	int of	Each	Disl	burser	ment	75.9	-	d
	Candidate Name  Office Sought: House Disbuser Senate President  State: District:	rsement For: Primary General Other (specify)	Categ Typ			Bank	Fee	S						

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	y Information copied from such Reports and State for commercial purposes, other than using the name													
V O	NAME OF COMMITTEE (In Full)	le and address of any politica	i Com	1111	iiiiee i	0 50110	il Corili	ibut	10115 11	OIII S	such co	mmue	ee	
$\rangle$	American Podiatric Medical Assn., Inc. P	odiatry Political Action C	omm	nit	tee									
_	Full Name (Last, First, Middle Initial)										35794	3		
Α.	Committee To Elect Gary Ackerman							_	isburs	D	nt / 🔻	V \	/ ° Y	
	Mailing Address 100 Jericho Quadrangle Suite 233	)					1 0			2 0	Ĺ	ž 0 č	6	
	City Jericho	State Zip Code NY 11753					Amou	int o	f Each	n Disl	bursem	ent thi	s Peric	nd
	Purpose of Disbursement			U	-	7	L.					100	0.00	
	Constitute Name				11.	Ш								
	Candidate Name Rep. Gary L. Ackerman				egory/ /pe									
	Senate President	sement For: 2008 Primary General C Other (specify)												
		Primary Electio												
В.	Full Name (Last, First, Middle Initial) Friends of Lois Capps						Date	of Di	isburs		35794° nt	7		
	Mailing Address PO Box 23940						1 <sup>M</sup> 0	М	<sup>/</sup> 2	2 0	/ Y	ž 0 č	6	
	City Santa Barbara	State Zip Code CA 93121					Amou	int o	f Each	n Disl	bursem			nd
	Purpose of Disbursement			٥	11	1	L.	-	_			100	0.00	
	Candidate Name Lois Capps		Ca	ate	egory/ /pe	_								
	Senate President	sement For: 2006 Primary X General Other (specify) ▼												
	State: CA District: 22													
C.	Full Name (Last, First, Middle Initial) Wyden For Senate						Date	of D	isburs	emer	35795 nt			
	Mailing Address 123 Ne 3rd Suite 321						1 <sup>M</sup> 0	М	<sup>/</sup> 2	2 0	/ L	ž 0 č	6	
	City Portland	State Zip Code OR 97232					Amou	int o	f Each	n Disl	bursem	ent thi	s Perio	nd
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	Candidate Name Sen. Ron Wyden		Ca	ate	egory/ /pe	_								
	X Senate President	sement For: 2010 Primary General K Other (specify)												
_	State: OR District: 1 2010 C	General Electio												
s	UBTOTAL of Disbursements This Page (optional)	)			•	<u> </u>						3500	0.00	
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	y Information copied from such Reports and State for commercial purposes, other than using the na													ıs
V O	NAME OF COMMITTEE (In Full)	The and address of any politica	al COIII		illee	to Solic	SIL COITE	ibut	10115 11	OIII S	Sucirio	OHIII	iiiiee	
$\rangle$	American Podiatric Medical Assn., Inc.	Podiatry Political Action C	Comm	nit	tee									
_	Full Name (Last, First, Middle Initial)						Trans	acti	on ID	: 13	3579	46		
Α.	Friends Of Blanche Lincoln							_	isburs		nt	V	· V ·	V
	Mailing Address PO Box 3197						1 0	M	′	20	/	ž	οŏ	<b>3</b> '
	City Little Rock	State Zip Code AR 72203					Amou	ınt o	f Each	n Dis	burse	ment	t this	Period
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	Candidate Name		_		11									
	Sen. Blanche Lambert Lincoln				egory/ /pe									
	x Senate	resement For: 2010 Primary General X Other (specify)												
	State: AR District: 1 2010	Primary Electio												
В.	Full Name (Last, First, Middle Initial) Nathan Deal For Congress								on ID		3579	52		
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	Mailing Address PO Box 902 PO Box 902						1 0			2 0		2	006	Ď
	City Gainesville	State Zip Code GA 30503					Amou	ınt o	f Each	n Dis	burse	ment	t this	Period
	Purpose of Disbursement			_		$\neg$		0				, 2	2000.	00
	Candidate Name Rep. Nathan Deal		Ca	ate	11 egory/ pe	′								
	Office Sought: X House Disbut Senate President	sement For: 2006 Primary X General Other (specify)	1		•									
	State: GA District: 10													
C.	Full Name (Last, First, Middle Initial) Engel For Congress								on ID		3579 nt	45		
	Mailing Address 462 California Road						1 <sup>M</sup> 0	М	/ D 2	20	/ Y	ž	οŏ	6 Y
	City Bronxville	State Zip Code NY 10708					Amou	ınt o	f Each	n Dis	burse	ment	t this I	Period
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	Candidate Name Rep. Eliot L. Engel		Ca	ate	11 egory/ pe	′								
	Office Sought: X House Disbut Senate President	sement For: 2006 Primary X General Other (specify) ▼	1											
_	State: NY District: 17													
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or for commercial purposes, other than using the nan	ne and address of any political co	mm	ittee to s	olicit	contrib	utions fr	om such	com	nittee		
NAME OF COMMITTEE (In Full)											
/ American Podiatric Medical Assn., Inc. P	odiatry Political Action Com	ımıt	tee								
Full Name (Last, First, Middle Initial)				Т	ransa	ction ID	: 133579	953			
Rob Bishop For Congress				1	Date of	Disburs		V . V		V	
Mailing Address PO Box 2004					1 0	2	20 /	2	0 Ó 6		
City Brighom City	State Zip Code UT 84302			-	Amount	of Each	Disburs	emen	t this P	erio	d
Brigham City Purpose of Disbursement	UT 84302			+					1000.0	00	٦
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Candidate Name Rep. Robert Bishop			gory/ pe								
	ement For: 2006										
Senate President	Primary X General Other (specify) ▼										
State: UT District: 1	canon (opening)										
Full Name (Last, First, Middle Initial)				Т	ransa	ction ID	: 133579	950			
Hall of Fame PAC				[		Disburs		V * \	, , , , ,	ν.	
Mailing Address 1717 Dixie Highway Suite 180					10 M	/ D2	20 /	ž	0 Ď 6	Y	
City Ft. Wright	State Zip Code KY 41011			-	Amount	of Each	Disburs	emen	t this P	erio	d
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	ement For:										
Senate President	Primary General Other (specify) ▼										
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Full Name (Last, First, Middle Initial)							: 133579	932			
Ben Cardin For Senate						Disburs	ement	V * \	, , , , ,	ν.	
Mailing Address PO Box 65056					10 M	/ D 2	20 /	' 2	0 Ď 6		
City Baltimore	State Zip Code MD 21209			-	Amount	of Each	Disburs	emen	t this P	erio	d
Purpose of Disbursement	WID 21209	_		+				Ę	5000.0	00	٦
		Ò.	11	Ι.							
Candidate Name Mr. Benjamin Cardin		Cate Ty	egory/								
Office Sought: House Disburs	ement For: 2006										
X Senate	Primary X General										
State: MD District: 2	Other (specify)										
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American Podiatric Medical Assn., Inc. Po	diatry Political Action Com	nmit	tee								
Full Name (Last, First, Middle Initial)				Т	ransact	ion ID:	133579	942			
Boucher For Congress Committee					Date of D			v v	V .	V	
Mailing Address PO Box 2000					1 0	້ 2	0 /	2	0 Ď 6		
	State Zip Code VA 24212			A	Amount	of Each	Disburse	-			1
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Candidate Name Rep. Rick Boucher		Cate	11 egory/ rpe								
	ment For: 2006	1)	he								
Senate President	Primary X General Other (specify) ▼										
State: VA District: 9											_
Full Name (Last, First, Middle Initial)    Ed Royce For Congress					ransact		133579	944			
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Mailing Address P.O. Box 2525					10	2	0	2	006		
,	State Zip Code CA 92859			1	Amount o	of Each	Disburs	ement	this P	eriod	
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Candidate Name Rep. Edward Royce	'		egory/ vpe								
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State: CA District: 40	Other (specify)										
Full Name (Last, First, Middle Initial) - Pallone For Congress					ransact	-	133843 ement	307			_
Mailing Address PO Box 3176				- 1	1 0 M	/ D <sub>2</sub>	<sup>D</sup> 7	Y Y	0 ŏ 6	Υ	
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			11								
Candidate Name Rep. Frank Pallone, Jr.	1		egory/ vpe								
Office Sought: X House Disburse Senate President	ment For: 2006 Primary X General Other (specify)		<u>.                                      </u>								
State: NJ District: 6											_
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	y Information copied from such Reports and State for commercial purposes, other than using the nare												
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$\rangle$	American Podiatric Medical Assn., Inc. F	odiatry Political Action C	omm	nit	tee								
<b>—</b> А.	Full Name (Last, First, Middle Initial) Rangel for Congress										38430	8	
							М		isburs	2 7	/ Y	žoŏ	Y
	Mailing Address PO Box 5577 Manhattanville Station						1 0		2	2 /		200	6
	City New York	State Zip Code NY 10027					Amou	ınt o	f Each	n Disl	bursem	ent this	Period
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	Condidate Name		-		11								
	Candidate Name Mr. Charles B. Rangel				egory/ /pe								
	Senate President	sement For: 2006 Primary X General Other (specify)											
	State: NY District: 15												
В.	Full Name (Last, First, Middle Initial) Friends Of Hillary								on ID isburs		38431 nt	7	
	Mailing Address 1717 K Street Nw Suite	309a					1 <sup>M</sup> 0	М	<sup>/</sup> 2	2 7	/ Y	žoŏ	6 Y
	City Washington	State Zip Code DC 20036					Amou	ınt o	f Each	n Disl	bursem		Period
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	Candidate Name Sen. Hillary Rodham Clinton				egory/ /pe								
	Office Sought:  House  X Senate  President  Disburs	sement For: 2006 Primary X General Other (specify)	<b>!</b>		<u>-</u>								
	State: NY District: 2												
C.	Full Name (Last, First, Middle Initial) Citizens For Rush								on ID isburs		384309 nt	9	
	Mailing Address P. O. Box 7292						1 <sup>M</sup> 0	М	<sup>/</sup> 2	2 <sup>D</sup>	/ Y	žoŏ	6 <sup>Y</sup>
	City Chicago	State Zip Code IL 60680					Amou	ınt o	f Each	n Disl	bursem	ent this	Period
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	Candidate Name Rep. Bobby Rush		Ca	ate	11 egory/ /pe	-							
	Senate President	sement For: 2006 Primary X General Other (specify) ▼	I										
_	State: IL District: 1												
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	y Information copied from such Reports and S for commercial purposes, other than using the												S	
	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc	c. Podiatry Political Action	Comi	mitte	ee									
Α.	Full Name (Last, First, Middle Initial) People With Hart Inc					Date	of D	on ID:				0 Ď 6	Y	
	Mailing Address P.O. Box 435					11		2	2 7		. 2	006	)	
	City Wexford	State Zip Code PA 15090				Amou	nt o	f Each	Disb	urser	-			od
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	Candidate Name Rep. Melissa A. Hart			ateg Typ	•									
	Senate President	sbursement For: 2006  Primary Gener  X Other (specify) ▼  06 Primary Electio	al			Repla ly Re not R Comr	oort ece	ed Co	/06 F ontrik or Ca	Previ outio ashed	ous n d by	S- /		
В.	Full Name (Last, First, Middle Initial) People With Hart Inc	,				Date		on ID:	emen	-		V *	V	
	Mailing Address P.O. Box 435					1 1	IVI	່	2 7	Ĺ	2	οŏ	3	
	City Wexford	State Zip Code PA 15090				Amou	nt o	f Each	Disb	urser	-			od
	Purpose of Disbursement Never Received by Committee			01	1	L.		_			-2	2000.	00	
	Candidate Name Rep. Melissa A. Hart			Cateo Typ										
	Senate President	sbursement For: 2006  Primary Gener  X Other (specify) ▼  06 Primary Electio	al			Never ee	Re	eceive	ed by	Con	nm	itt-		

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